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UNITED STATES

SECURITIES AND EXCHANGE COMMI

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPINO

Estimated average burden hours per response..

OMB Number:

Expires:

SEC USE ONLY							
Prefix	Serial						
DATE	RECEIVED						

OMB APPROVAL

Name of Offering (chec	k if this is an amendment and nam	e has changed, and inc	licate change.)		1175839
Filing Under (Check box(es) that apply): X Rule 504	Rule 505	Rule 506	☐ Se	ction 4(6) ULOE
Type of Filing:	New Filing	Amendment			
		. D. (00 FD T)	TO A PROPERTY OF A PARTY OF A PAR		_
		A. BASIC IDENTI	FICATION DATA		
1. Enter the information req	uested about the issuer				02040314
Name of Issuer (check i	f this is an amendment and name l	nas changed, and indic	ate change.)		
Preferred Resource Corpo	ration				v
Address of Executive Office	es (Numb	er and Street, City, St	ate, Zip Code)		Telephone Number (Including Area Code)
440 Charnelton Street	Eugen	e, OR 97401		10	541) 687-6750
Address of Principal Busine	ss Operations (Number and Street	, City State, Zip Code] -	Felephone Number (Including Area Code)
(if different from Executive	Offices)			j	
•					
Brief Description of Busines	SS			4	PROCESSED
		<u></u>			
Type of Business Organizati					.D JUN 2 5 2002
	nited partnership, already formed	other (please s	pecify):		7 3014 2 2002
business trust lin	nited partnership, to be formed				THOMASON
			Month Yes	ear	THOMSON
Actual or Estimated date of	Incorporation or Organization:	ř	0 8 9	7	Actual Estimate INANCIAL
			4444		
					O R
Jurisdiction of Incorporation	or Organization: (Enter two-lette				
	CN for Canada	; FN for other foreign	jurisdiction		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(96).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



the issuer;	ssuer, if the issuer having the power and director of co	r has been organized w to vote or dispose, or orporate issuers and of	direct the vote or dispo	osition of, 10%	or more of a class of equity securities of ers of partnership issuers; and
Check Box(es) that Apply:		⊠ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Cary, David K.					· · · · · · · · · · · · · · · · · · ·
Business or Residence Addr	ess (Number and	Street, City, State, Zi	p Code)		
440 Charnelton Street, Eu	gene, OR 97401				
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	•			
Cary, Karin H.					
Business or Residence Addr		Street, City, State, Zi	p Code)		
440 Charnelton Street, Eu	gene, OR 97401				i
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zi	p Code)	,	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		11144		
Business or Residence Addr	ess (Number and	Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zi	p Code)	***************************************	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zi	p Code)		

A. BASIC IDENTIFICATION DATA

			****			B. INFO	RMATIO	N ABOU	T OFFER	RING					
						***************************************								Yes	No
1. H	Ias the issu	er sold, o	does the	issuer inte	end to sell	, to non-a	ccredited i	investors i	in this offe	ering?				🛛	
					Answer	also in A	ppendix, C	Column 2,	if filing u	ınder ULC	DE.				
2. V	Vhat is the	minimum	investmer	nt that will	l be accep	ted from a	ny individ	lual?						\$ 5,00)
														Yes	No
3. D	oes the off	ering peri	nit joint o	wnership	of a single	e unit?		• • • • • • • • • • • • • • • • • • • •						⊠	
	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or														
similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the															
b	roker or de	aler. If m	ore than f	ive (5) per	rsons to be										
	nformation				•				·						
	ame (Last	name firs	t, if indivi	dual)											
	I/A														
Busine	ess or Resid	dence Add	lress (Nun	nber and S	Street, Cit	y, State, Z	(ip Code)								
Name	of Associa	ted Broke	r or Deale	er											
	in Which I						*								
(Checi	k "All Stat													🔲 All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
T-II N	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	ame (Last	name nrs	t, 11 maivi	duai)	•										
Ducino	ess or Resid	dongo Add	lroce (Nur	abor and S	tract Cit	State 7	'in Codo)	- ,							
Dusine	iss of Kesh	ience Aud	11e22 (14m)	iibei ailu s	succe, Ch	y, Siaic, Z	np Code)								
Name	of Associa	ted Broke	r or Deale	er .											
rume	01 1155001	ica Broke	i or Douce												
States	in Which I	Person Lis	ted Has S	olicited or	Intends to	o Solicit P	urchasers								
	k "All Stat											• • • • • • • • • • • • • • • • • • • •		🗀 All	States
\	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	lame (Last														
•															
Busine	ess or Resid	dence Add	iress (Nun	nber and S	treet, Cit	y, State, Z	Lip Code)					•			
Name	of Associa	ted Broke	r or Deale	er			-								
					*										
States	in Which I	Person Lis	ted Has S	olicited or	Intends to	o Solicit P	urchasers	, , , , , , , , , , , , , , , , , , , ,							
(Checl	k "All Stat	es" or che	ck individ	dual States)			• • • • • • • • • • • • • • • • • • • •						🔲 All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS	
Enter the aggregate offering price of securities included in this offering and the total amount alread Enter "0" if an answer is "none" or "zero." If the transaction is an exchange offering, check this and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Alread Sold
Debt	=	\$5,000
Equity	\$	\$
☐ Common ☐ Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify:)	\$	\$
Total		\$5,000
Answer also in Appendix, Column 3, if filing under Ul	LOE.	
Enter the number of accredited and non-accredited investors who have purchased securities in this and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the numbersons who have purchased securities and the aggregate dollar amount of their purchases on the to Enter "0" if answer is "none" or "zero."	mber of	
Effect of Hallswell is flore of zero.	Number Investors	Aggregate Dollar Amount
Accredited Investors		Of Purchases
		D
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		\$5,000
Answer also in Appendix, Column 4, if filing under U	LOE.	
If this filing is for an offering under Rule 504 or 505, enter the information requested for all security the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first securities in this offering. Classify securities by type listed in Part C – Question 1.		
Type of Offering	Type of	Dollar Amount
D 1, 505	Security	Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$0
A. Furnish a statement of all expenses in connection with the issuance and distribution of the secur offering. Exclude amounts relating solely to organization expenses of the issuer. The information is subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate abox to the left of the estimate.	nay be given as	
Transfer Agent's Fees	[] \$_	
Printing and Engraving Costs	🔲 💲	
Legal Fees	🛚 🛣 \$_	10,000
Accounting Fees	🔲 \$_	
Engineering Fees	\$_	
Sales Commissions (specify finders' fees separately)		
Other Expenses (identify)		

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES	AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering expenses furnished in response to part C – Question 4. issuer."	a. This difference is the "adjusted	gross proceeds to	the	90,000
5.	Indicate below the amount of the adjusted gross proceeds to purposes shown. If the amount for any purpose is not known estimate. The total of the payments listed must equal the adjusted C - Question 4.b above.	n, furnish an estimate and check th	e box to the left o	of the	
			Payments Officers Directors, Affiliate	, &	Payments To Others
	Salaries and fees		\$	\$_	
	Purchase of real estate		\$	🗆 \$_	
	Purchase, rental or leasing and installation of machiner	ry and equipment	\$	🛛 \$	90,000
	Construction or leasing of plant buildings and facilities		\$	🗆 \$_	
•	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets or pursuant to a merger)	securities of another issuer	\$		
	Repayment of indebtedness				
	Working capital (and start-up expenses)			□	
	Other (specify):		□ Ψ		
	oner (specify).		 	П \$	
	Column Totals			•	90,000
	Total Payments Listed (column totals added)		. L *		70,000
	Total Tay months 2,5000 (contains totals acces)	•••••••••••••••••••••••••••••••••••••••		Ψ	
	D. FEDERAL	SIGNATURE			
sign	issuer has duly caused this notice to be signed by the unders ature constitutes an undertaking by the issuer to furnish to th rmation furnished by the issuer to any non-accredited investor	igned duly authorized person. If the U.S. Securities and Exchange Co	ommission, upon v		
Issu	er (Print or Type)	Signature		Date	
	ferred Resource Corporation	west		May 28, 2	002
Nan	ne of Signer (Print or Type)	Title of Signer (Print er Pype)		L	
Day	id K. Cary	President		٠.	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

•	E. STATE SIGNA	ATURE						
Is any party described in 17 CFR 230.	252 (c), (d), (e) or (f) presently subject to	, (d) , (e) or (f) presently subject to any of the disqualification provisions						
of such a rule?				\boxtimes				
	See Appendix, Column 5,	for state response.						
The undersigned issuer hereby undertated Form D (17 CFR 239.500) at such times.	•	of any state in which this notice is filed, a	notice o	n				
The undersigned issuer hereby undertaissuer to offerees.	kes to furnish to the state administrators,	upon written request, information furnis	ned by th	e				
limited offering Exemption (ULOE) o		that must be satisfied to be entitled to the understands that the issuer claiming the tisfied.						
ne issuer has read this notification and knathorized person.	ows the contents to be true and has duly o	caused this notice to be signed on its beha	lf by the	undersigned duly				
suer (Print or Type)	Signature	Signature Date						
ame (Print or Type)	Title (Print or Type)	Title (Print or Type)						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures

/ Fig.		4.3		A	PPENDIX			e ti marketekariken.	dhir garan a baran a	
1	Intend to non-accr investors i (Part B-I	edited in State	Type of security offering price offered in state (Part C-Item 1)	4 5 Disqualification State ULOE (i aprice Type of investor and attach explanar n state Amount purchased in State waiver grant			4 Type of investor and Amount purchased in State			
State	Yes	No	\$100,000 Secured Debentures	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL			· · · · · · · · · · · · · · · · · · ·							
AK										
AZ										
AR									,	
CA										
СО										
CT										
DE										
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GA	· · ·									
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4			napadya.	A	PPENDIX	Programme and the second			
1	Intend to non-acc investors (Part B-	o sell to redited in State	Type of security offering price offered in state (Part C-Item 1) Type of i Amount pur (Part C		Disqualific State UL attach exp waiver	cation under OE (if yes, planation of granted) C- Item 1)			
State	Yes	No	\$100,000 Secured Debentures	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NJ	16	140	Debentines	investors	Amount	IIIVESIOIS	Amount	16	110
NM									
NY		_							·
NC		-							
ND	· · ·								
ОН		_							
OK									
OR	X		11	0			\$5,000		X
PA							,		
RI	ŀ					• * *			
SC									
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VT		`							
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WA									
WV									
WI									
WY									
PR									

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1	Intend to non-acconvestors (Part B-	o sell to redited in State	Type of security offering price offered in state (Part C-Item 1)	3 4 Disquality State U attach e ered in state Amount purchased in State waive		4 Type of investor and					
State	Yes	No	\$100,000 Secured Debentures	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
NJ	ics	110	Dependices	Investors	Amount	mivestors	Amount	165	140		
NM							A.4.4.				
NY											
NC											
ND			- NAS								
ОН											
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OR					······						
PA			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
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